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**FAX FILING IN U.S. PATENT & TRADEMARK OFFICE**DATE: December 17, 2004

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|  |                            |                   |                       |
|--|----------------------------|-------------------|-----------------------|
| TO:  | Examiner Jennifer A. Stone | FAX NO.:          | 1-703-872-9306        |
| FROM:  | Christopher J. Dervishian  | ADMIN. ASST.:     | Patricia C. Boccellar |
| APPLN. NO.:  | 10/602,854                 | ATTY. DOCKET NO.: | RFID-107US            |
| TITLE OF APPLN.: RFID READER FOR A SECURITY NETWORK                                |                            |                   |                       |
| FILING DATE:   | June 25, 2003              | ART UNIT:         | 2636                  |
| FIRST INVENTOR:  | Louis A. Stilp             | CONF. NO.:        | 2099                  |
| TITLE OF DOCUMENT (and List of Attachments): Transmittal and Power of Attorney and |                            |                   |                       |
| Correspondence Address Indication Form   |                            |                   |                       |

Total Number of Pages: 3 (including this form)**COMMENTS****CONFIDENTIAL AND PRIVILEGED ATTORNEY/CLIENT INFORMATION**

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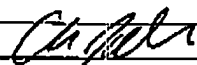
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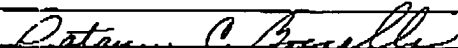
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| <b>TRANSMITTAL<br/>FORM</b><br><i>(to be used for all correspondence after initial filing)</i> | Application Number   | 10/602,854                     |
|  | Filing Date          | June 25, 2003                  |
|  | First Named Inventor | Louis A. Stip                  |
|  | Art Unit             | 2838                           |
|  | Examiner Name        | Jennifer A. Stone              |
| Total Number of Pages in This Submission 2   |                      | Attorney Docket No. RFID-107US |

| ENCLOSURES (Check all that apply)  |   |   |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/Declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application<br><br><input type="checkbox"/> Response to Missing Parts under<br>37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation,<br>Change of Correspondence<br>Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication<br>to Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply<br>Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (please<br>identify below): |
| Remarks:   |   |   |

| SIGNATURE OF APPLICANT, ATTORNEY OR AGENT |   |                                   |        |
|---|---|-----------------------------------|--------|
| Firm or<br>Individual<br>Name             | Christopher Dervishian  | Registration No. (Attorney/Agent) | 42,480 |
| Signature                                 |  |                                   |        |
| Date                                      | December 17, 2004   |                                   |        |

| CERTIFICATE OF TRANSMISSION / MAILING   |   |      |                   |
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| Typed or<br>printed name  | Patricia C. Boccella  |      |                   |
| Signature   |  | Date | December 17, 2004 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.

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| <b>POWER OF ATTORNEY<br/>AND<br/>CORRESPONDENCE ADDRESS<br/>INDICATION FORM</b> | Application Number     | 10/602,854                         |
|   | Filing Date            | June 25, 2003                      |
|   | First Named Inventor   | Louis A. Stilp                     |
|   | Title                  | RFID READER FOR A SECURITY NETWORK |
|   | Art Unit               | 2636                               |
|   | Examiner Name          | Jennifer A. Stone                  |
|   | Attorney Docket Number | RFID-107US                         |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

23122

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
|      |                     |
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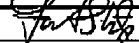
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

|                   |   |           |                |
|-------------------|---|-----------|----------------|
| Signature         |  | Date      | 12/15/04       |
| Name              | Louis A. Stilp  | Telephone | (610) 727-3930 |
| Title and Company | CEO, Securinex, Inc.  |           |                |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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